

F.F. Thompson Hospital

GUIDEBOOK TO
**Shoulder and Elbow
Total Joint Replacement**



UR
MEDICINE

**Orthopaedics &
Physical Performance**

F.F. Thompson Hospital

350 Parrish Street
Canandaigua, NY 14424

(585) 396-6000
ThompsonHealth.com

Surgeon

Name _____ Phone # _____

Surgery

Date of Surgery _____

Joint Being Replaced: Left Right Shoulder Elbow

Medical Clearance

(doctor statement that I can have surgery)

Doctor _____

Date of Medical Clearance _____

Other Doctors I Need to See _____

Support System

(designated person to help during journey)

Name _____ Phone # _____

Presurgical Instructional Physical Therapy Session

Date _____ Time _____

Call (585) 396-6050 to schedule.

Presurgical Screening Appointment

(we will call you to schedule)

Date _____ Time _____

Questions: (585) 396-6595. Leave a message and we will return your call.

Confirm Surgery Time

You will be called the day before your surgery to verify your arrival time.

Sign up for MyChart: Visit mychart.urmc.rochester.edu

I have questions about

Welcome

Thank you for choosing F.F. Thompson Hospital, where our orthopaedic services are led by U.R. Medicine Orthopaedics & Physical Performance. Here, you will receive the most advanced care in the comfortable setting of a community hospital.

All of our UR Medicine orthopaedic surgeons are board certified and have been fellowship trained in joint replacement surgery, the highest level of training available. There is considerable evidence linking better surgery results with higher levels of training. These surgeons are also Orthopaedic faculty members at the University of Rochester, bringing their exceptional skills and medical insights to benefit you, our patient.

The quality of our services has been recognized with the Gold Seal of Approval™ from the Joint Commission, the nation's leading organization for setting rigorous health care standards. Be assured our nurses, hospitalists, therapists and social workers will partner with you through each phase of recovery.

This guide will help you feel comfortable and confident throughout your surgical journey as you move toward recovery and a life of greater mobility and independence.

Bring this guide to the hospital and keep it as a handy reference for at least the first year after your surgery.

Thank you for choosing F.F. Thompson Hospital.

Your surgeon, nurse, or therapist may add to or modify the recommendations in this guide. Always use their recommendations first and be sure to ask questions if any information or instructions are unclear.

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Orthopaedic Surgeons



Marc O'Donnell, MD,
Specializing in
Orthopaedic Upper
Extremity, Hand and
Wrist Surgery



Sarah Lander, MD,
Specializing in Sports
Medicine

Treatment Team

Orthopaedic Surgeon – Performs your surgery and directs your medical care.

Anesthesiologist – Administers anesthesia to manage your pain and keep you safe during surgery; will meet with you immediately before surgery to discuss your anesthesia options.

Physician Assistant (PA)/Nurse Practitioner (NP)/Orthopaedic Resident Physician – Assists during surgery and helps monitor your recovery; functions as an extension of the surgeon.

Geriatrician – Specializes in the care of elderly patients and is available to assist surgeons in managing complex medical problems as part of the Geriatric Fracture Center.

Nurse – Monitors vital signs, draws blood, places IV, monitors your pain, administers medication, and tracks your progress. Your nurse is your primary point of contact for you and your family while you are in the hospital.

Patient Care Technician (PCT) – Assists nurses with vital signs and hygiene routine, and can help you get in and out of bed.

Physical Therapist (PT) – Helps restore your shoulder or elbow range of motion, strength, and function. You will work with a PT in an outpatient location after surgery.

Occupational Therapist (OT) – Focuses on activities of daily living (ADL) that help you achieve independence, such as dressing and personal hygiene.

Social Worker – Coordinates your discharge needs.

Home Care Agency Coordinator – Arranges for services and equipment for your recovery, as needed, in your home.

Logistical Checklist

Use this checklist to make sure you have properly completed each step prior to your surgery.

STEP 1 Attend presurgical instructional physical therapy session

- During your presurgical instructional physical therapy session, you will learn essential skills to help during the early phases of your recovery. This visit will help you learn about managing your sling, changing your clothes, as well as caring for your personal hygiene needs during your recovery. Our surgeons strongly recommend that you bring a companion with you. Ideally, that should be the person who will be able to assist you after surgery. Please call **(585) 396-6050** to schedule your presurgical therapy session.

STEP 2 Become familiar with your exercises

- To speed your recovery, it is important to be familiar with the exercises you will do after surgery. Your doctor will let you know if you should omit any exercises.

My Presurgical Questions

Call your surgeon's office if you get sick before surgery or have any issues with the shoulder or elbow you are about to have replaced.

STEP 3 Attend presurgical screening appointment

- Our scheduler will call you to arrange a presurgical screening appointment, which you will attend approximately 3-4 weeks before your surgery.
- The appointment will take about 3 hours, and can include blood work, nasal swab, EKG, X-rays (if requested by your surgeon), health history screening, presurgical education, and MyChart signup.
- Bring the following with you to your presurgical screening appointment:
 - Medication names, dosages, how often and time(s) of day you take them; this includes vitamins and over-the-counter medications.
 - Insurance cards, photo ID, health care proxy, MOLST form or living will (if you have one); if you do not have a health care proxy form, we can provide one.
- Presurgical Screening is located on the first floor of the hospital. Enter the hospital through the Constellation Center for Health and Healing and stop at the information desk for directions.
- Please call (585) 396-6595 with any questions. Leave a message with your question, name, phone number, best time to call you, and we will call you back.

STEP 4 Prepare your home

- Most patients having shoulder and elbow replacement will go home the day after their surgery, making it very important to have a strong support system. That is, someone to take you home and then stay to help for a few days. You will not be allowed to drive yourself home after surgery, so please make sure there will be someone available to drive you home.
- Other home preparations:
 - As most patients find it is more comfortable to sleep in a reclined position after surgery, having access to a recliner or a wedge to use in bed is helpful.
 - Remove throw rugs, electrical cords, and any other obstructions from walkways.
 - Install nightlights in hallways and bathrooms.
 - Catch up on laundry and housekeeping and prepare meals that can be easily reheated.
 - Make arrangements for your pets for 2 weeks after surgery.
 - Practice completing activities of daily living using only the non-surgical arm including brushing hair and teeth, dressing, and bathing.

STEP 5
Stop all anti-inflammatory medications 5 days prior to surgery

- **Do not** take aspirin/anti-inflammatory medications (Advil®, Motrin®, Naproxen®, Aleve®, Celebrex®, Meloxicam®, etc.) for 5 days before your surgery unless otherwise instructed by your doctor. If you have any questions or concerns, contact your surgeon's office.

STEP 6
Pack for your hospital stay

- Insurance cards and photo ID.
- This Shoulder and Elbow Replacement Guide.
- List of medication changes since your presurgical screening appointment.
- A list of any questions or new concerns you want to discuss with your surgeon or anesthesiologist.
- A copy of your health care proxy or living will, if you have one.
- Personal hygiene items.
- Loose fitting underwear, shirts, and pajama pants or shorts with elastic waistband.
- Flat, sturdy shoes with a closed back (sneakers, loafers, sandals with strap).
- Cell phone, other electronics, and chargers.
- Your CPAP/BiPAP mask (if you use one).
- Credit card to pay for medications and equipment upon discharge.

Do not bring valuable jewelry to the hospital.

Be sure to sign up for MyChart to view test results, contact your doctors, and more. Visit mychart.urmc.rochester.edu.



STEP 7
Follow personal care instructions

- Read and carefully follow the presurgical instructions for any medication changes. The instruction sheet has specific instructions for the day of surgery.
- For 3 nights before your surgery, shower with an antibacterial soap (such as Dial™) and wash your whole body, head to toes. Then, while still in the shower, pour 1/3 of the bottle of the 4% Chlorhexidine soap on a washcloth and wash your body from the neck down. Let the soap sit on your skin for 2 minutes. Rinse thoroughly.
- Do not apply body lotions the day of your surgery
- Do not wear contact lenses, makeup, lipstick, or nail polish on day of surgery

STEP 8
Confirm arrival time for surgery

- You will be called the day before your surgery to verify your arrival time.
- If your surgery is on Monday, you will be called the Friday before your surgery.
- If your surgery is the day after a holiday, you will be called the last business day prior to your surgery.

STEP 9
Strictly follow surgeon's orders for eating

To avoid complications or cancellation of your surgery:

- **Do not** eat anything after midnight before your surgery.
- **Do not** chew gum or eat mints on the day of your surgery.
- You are encouraged to drink clear liquids (water, pulp-free juice, sports drinks) up until 2 hours before your surgery.

Getting Physically Ready for Surgery

Get your body ready for surgery. Your overall physical health and conditioning can affect the outcome of your surgery and recovery time.

- If you normally use a walker or cane, please discuss with your health care team, as you will not be allowed to bear weight on your surgical arm for 12 weeks after surgery.
- Be aware of and manage any other health conditions, including your blood pressure and blood sugar. If you are diabetic, make sure your hemoglobin A1c is less than 7.0 to help avoid infections and help your wound heal faster.
- Adopt healthy habits and avoid contact with sick people; wash hands frequently, eat more fiber to avoid constipation, and eat healthy, smaller meals especially the day prior to surgery. Also, drink plenty of clear fluids to stay hydrated such as water, fruit juices with no pulp, or sports drinks.
- Stop using nicotine products (e.g., cigarettes, smokeless tobacco, and nicotine gum/patch/lozenges) for at least two months prior to surgery. Refraining from nicotine will help you avoid infections and promote healing. If you would like help or advice, please call the New York State Smokers' Quitline at 1-866-NY-QUITS (1-866-697-8487).
- Do not drink alcohol for 2 days before surgery. Alcohol can have a serious effect on how your body reacts to anesthesia and pain medications. If your surgeon prescribes Coumadin (to prevent blood clots), you will also need to avoid alcohol for a few weeks after surgery.
- Lose weight prior to surgery if you are overweight. Fewer pounds will put less stress on your new joint. It is ideal to get your Body Mass Index (BMI) below 40 prior to surgery to avoid complications.
- Ask your surgeon's office if it is safe to have other medical or dental procedures done within a 3 month period prior to surgery, as it is important to not introduce bacteria to your system and increase the chances of infection. Do the same before getting a steroid injection into the joint to be replaced.
- Reduce your use of narcotic pain relievers as much as possible. If you currently take high doses of pain medication, your pain may be more difficult to control after surgery.

Understanding Anesthesia

Before surgery, your anesthesiologist will give you anesthesia to control your pain and keep you comfortable during surgery. The exact type of anesthesia you receive will depend on many factors, including the type of surgery you are having and your overall health. You will have an opportunity to talk with your anesthesiologist the day of your surgery and have any questions answered.

General Anesthesia – This type of anesthesia affects your whole body and puts you in a deep sleep. It is delivered intravenously, by inhaling, or by injection. After it takes effect and you are asleep, your anesthesiologist will insert a breathing tube that will deliver oxygen to help your breathing during surgery.

Regional Anesthesia – This type of anesthesia is typically delivered as a shot to prevent feeling in your elbow or shoulder.

Peripheral Nerve Blocks – A type of regional anesthesia; nerve blocks are injections targeting nerves that surround the joint being replaced.

With any type of anesthesia, there may be some side effects:

General Anesthesia

- Nausea/Vomiting
- Confusion as you wake up
- A sore throat from the breathing tube
- Delirium in older patients

Regional Anesthesia and Nerve Block

- Nausea/Vomiting
- Headache
- Numbness, tingling, prickling in hands or feet
- Urinary retention, especially if you have pre-existing urinary issues or have had urologic surgery

Recovering from Anesthesia

The type of anesthesia you receive will dictate the amount of time it takes to wear off. As the anesthesia wears off, you might feel tingling, burning, or aching, followed by a return of feeling to your surgical site.



Questions About Anesthesia

Day of Surgery

Before Surgery

On the day of your surgery, enter through the main doors at the Constellation Center for Health and Healing, located on the north side of the hospital. When driving in, enter from West Street and turn onto The Thompson Way. Once inside the building, the Surgical Care Center is located on the first floor (you will enter on the ground floor.) There are elevators just inside the entrance that will take you directly to the Surgical Care Center receptionist. Please check in upon your arrival.

Bring your insurance card and all completed paperwork.

We will keep you informed regarding your surgery time, **but sometimes delays are unavoidable.** When ready, the surgical team will prepare you for surgery. Here's what to expect:

- You will change into a hospital gown and remove your glasses, contacts, hearing aids, and jewelry, which your companion will take.
- Your nurse will answer any last-minute questions, start an IV, check your vital signs, and may need to clip your surgical site.
- To minimize risk, surgical site infection prevention includes wiping your body with Chlorhexidine wipes, as well as using an oral rinse and nasal swab.
- Your surgeon will visit you to have your consent signed and mark the surgical site.
- Your anesthesiologist will consult with you to discuss your anesthesia and plan for pain control, as well as check your heart, lungs, and ability to breathe normally.
- Once settled, one adult companion may join you and stay with you until your surgery.

During Surgery

After you are taken to the operating room, you might have a urinary catheter placed. Your companions will be directed to the waiting room. Your time in surgery is about 2-3 hours, but the actual elapsed time from operating room to the post-anesthesia care unit (PACU), where you will recover from anesthesia, is usually about 3-4 hours. A Surgical Information Board located in the waiting room provides real-time updates to your companions.

After Surgery

After surgery, you will be transferred from the PACU to your hospital room in the bed you will use for the duration of your stay.

During Your Stay – What to Expect

- Your nurse and your patient care technician will check on you regularly. You will also be visited by your surgeon or his/her resident, physician assistant, or nurse practitioner.
- Your nurse will assess your needs, review your individualized care plan, regularly take your vital signs, and monitor your oxygen level. They will change the dressing on your joint and check your drain (if you have one). When appropriate, oxygen will be discontinued and IV fluids will be stopped.
- Your nurse will work with you to strengthen your breathing by reminding you to breathe deeply and cough, as well as to use your spirometer (see page 7) to help prevent complications like pneumonia.
- Your pain level will be monitored and your pain medication adjusted as needed.
- You will be given ice chips and a liquid diet until your nurse assesses that you are ready for solid food.
- You will wear supportive stockings and may also have Sequential Compression Devices (SCDs) on your lower legs or feet to reduce the chance of blood clots.
- An ice pack will be on your joint as directed throughout the day.
- You will sit on the edge of the bed, stand, and walk, if medically able. You will sit in an appropriate chair for at least 2 hours, twice during the day.
- An occupational therapist will review how to manage your sling and teach you how to dress, bathe, and use the toilet.
- A social worker will review your discharge plans.

After your surgery, there is a greater potential for falling. Your F.F. Thompson team is eager to help you get out of bed to build your strength, while avoiding any setbacks. We will assist you to move from your bed and chair, while you walk, and do physical therapy.

You must not get up without a staff member with you at all times; there is a call bell by each bed to call for assistance.



Pain Management

Recovering from any surgery will involve discomfort and pain, and managing that pain begins with you. We rely on a close partnership between you and your nurse. Tell your nurse about your pain, rating it from 1-10, using the scale below. You should ask for pain medicine when your pain reaches a level of 4; it might take too long to get relief if you wait until it reaches a 7.

Your surgeon will order pain medication based on your pain level. After you have taken medication, your nurse will reassess your pain to ensure it is being appropriately controlled.

Ice can be helpful to manage your pain after surgery. You can begin icing directly over the bandage as long as you are careful to keep the ice from leaking water onto the dressing.

Expect that your pain will increase the day after surgery when your anesthesia wears off.



Pain after surgery varies by patient. Tell your nurse when your pain level is increasing so it can be managed.

Physical Therapy (PT)

Your physical therapists will:

- Teach and assist you to move
- Help to minimize your pain
- Promote independence
- Restore range of motion and strength
- Provide instructions specified by your surgeon

Physical therapy is key to your quick recovery.

The goal of physical therapy after surgery is to help you regain your shoulder and elbow mobility and strength. A member of our team will review with you your post-surgical exercise program, explain your sling/immobilizer/elbow splint, and answer questions you may have about your new joint. He or she will also help facilitate scheduling your therapy appointments.

Within the first 3-5 days after your surgery, you should begin outpatient physical therapy.

Once you are home, you will attend 1-2 physical therapy sessions per week. Each session will last about 30-60 minutes and focus on helping you independently do your exercises. The total course of therapy after the surgery will typically last 3-6 months, depending on your specific goals.

You should also independently perform your physical therapy exercises 3-5 times per day. Complying with your exercise plan is critical to your recovery.

Occupational Therapy (OT)

Occupational therapists focus on functional tasks, or activities of daily living (ADL), and helping you achieve independence. Your occupational therapist will prepare you to:

- Take care of yourself, including dressing, bathing, and toileting tasks
- Return to your normal routine at home

Your occupational therapist will help you make a smooth transition to home.

Keeping Lungs Clear

You will use a spirometer to exercise your lungs while you are awake. It is a simple device that shows if you are breathing deeply enough to help avoid pneumonia and other respiratory issues. You should use your spirometer every hour and breathe deeply 5 to 10 times. Your nurse will review how to use your spirometer.



Discharge Plan

Research shows that joint replacement patients who are able to recover at home generally get better faster and with fewer complications. The vast majority of our patients will go directly home the day after surgery. Some patients, however, need more care and a skilled nursing facility (a nursing home that provides rehab services) may be recommended. A social worker will work with you to discuss your discharge, and your nurse will review your discharge instructions with you.

Most patients will be discharged 1-2 days after surgery.

Your discharge is based on meeting the following criteria:

- You can navigate your environment safely
- You are urinating, passing gas, and eating
- Your pain is being managed. Remember, recovering from any surgery involves discomfort and pain, and most patients still experience some pain at discharge.
- Your incision or dressing looks good, without drainage

Discharge to a Skilled Nursing Facility

Your insurance plan will dictate whether a skilled nursing facility is an option for you. Even if your insurance plan provides coverage for a skilled nursing facility, that does not mean you will qualify for it. For example, your insurance provider might determine you are functionally independent and it's safe for you to be discharged to your home. In this case, you would be responsible for the costs of a skilled nursing facility if that were where you chose to be discharged. You should discuss your coverage with your insurance provider.

Should you need extended recovery in a skilled nursing facility, a social worker will help you select a rehabilitation facility best for you.

Transportation

If you are being discharged to home, then you will be responsible for providing your own transportation. Most patients are discharged the day after surgery, and you must have transportation ready. You could be discharged as early as late morning; please have your ride available beginning then. Should you need assistance in arranging transportation at discharge, the social worker will help; you will be responsible for the expense of the transportation.

Transportation to a rehab facility is usually arranged by the social worker, but at the patient's expense.

Discharge Medications & F.F. Thompson Pharmacy

As a convenience, your discharge prescriptions may be filled in our pharmacy, located on the Ground Floor of the hospital. You may also choose to have your prescriptions filled at our Canandaigua Medical Group Pharmacy with convenient drive-through access, located directly across the street from the hospital at 335 Parrish Street. At both locations we work collaboratively with your doctors, labs and your medical profile, noting potential drug interactions and adverse effects. Our team approach means your care providers are working together for your optimum health, providing the right medications at the best possible prices.



Your nurse can arrange to have your discharge medications delivered to your room. Or, they can be picked up at either of our pharmacy locations, open Monday – Friday 8 a.m. to 6:00 p.m. and Saturdays 9 a.m. to 1 p.m.



Questions About Discharge

Incision Care

- After surgery, you will have a padded tape dressing covering your shoulder or elbow. This should remain in place for 72 hours following surgery.
- You do not need to apply a new bandage, but may want to cover your staples/stitches with Band-Aids® to prevent them from catching on your clothing. Your staples/stitches will be removed approximately 10-14 days following surgery at your first post-op appointment with your surgeon's team.
- You will not be allowed to get your incision wet until the staples have been removed. Until then you may sponge bathe, keeping incision site dry.
- Once cleared by your surgeon or PT to shower, you may let soapy water rinse over your incision, but take care not to scrub over incision site. Once finished, gently pat incision dry.
- Do not submerge or soak your incision for 3 weeks.
- Do not apply any lotion, cream, or antibiotic ointment to your incision site.

Keep your incision dry until the staples or stitches have been removed.

Caring for Yourself at Home

You Make the Difference! During your first few weeks at home, you will adapt what you've learned at the hospital to your own setting. You will play a huge role in your recovery and it's important that you be proactive and participate.

Being positive and proactively participating in your rehabilitation makes a real difference in your recovery.

A few key reminders for when you first return home:

- You will be required to wear your sling at all times with the exception of showering, changing clothing, or working on rehab exercises.
- You must protect yourself from falling and keep your new joint in safe positions while you heal.
- You should plan for someone to stay with you for several days when you first go home.
- You may not drive a motorized vehicle if you are taking narcotic pain medication. You should not drive until your doctor or physical therapist says it is okay to do so. While it is not illegal in New York State to drive while wearing a sling, you may be considered temporarily disabled. If you are involved in an automotive incident of any severity, you may be held responsible for damages, regardless of fault. Usually you may begin driving once you are no longer required to wear the sling and are no longer taking narcotic pain medication. This usually occurs at 4-6 weeks. Before your surgery, it is recommended you coordinate transportation to your appointments for the first few weeks after your surgery.
- You will not be able to care for other people or your pets the first few weeks after your joint replacement. Make sure you have arranged for someone to care for your pets for the 2 weeks following your surgery.

Within a few days, you should be able to do the following with little to no assistance:

- Do physical therapy exercises
- Get in and out of bed
- Move from sitting to standing
- Get around your home without being overly tired
- Dress yourself and manage your daily hygiene routine

Applying ice can help control pain and swelling. It is important to follow directions from your surgeon or therapist regarding the use of ice.

Remove clutter and area rugs. Tape down the edges of rugs that can't be moved.

Place frequently used items close to you and at arm level so you do not need to bend over or reach up high.

Sling Use

Immediately after surgery you will be required to wear a sling **at all times** (including while you are sleeping). How long you need to wear the sling, and the type of sling you will be given, will depend on the type of procedure that was performed. When it is time to wean out of your sling, your occupational therapist will provide clear direction.

You may NOT take off your sling for the first 24 hours following surgery or until the nerve block has worn off.

Blood Clot Prevention

Surgery may cause the blood to slow and coagulate in the veins of your legs or arms, creating a blood clot. If you have significant risk factors for blood clots, you may be prescribed blood thinners (or aspirin) after surgery. If you do not have significant risk factors, simply walking can help prevent blood clots.

Signs of Blood Clots

- New forearm or calf pain
- Sudden increase in pain, tenderness, redness, or warmth in forearm or calf
- Sudden swelling in thigh, calf, or ankle that does not go down with proper elevation (overnight or 15 minutes, 3 times a day).

Infection Prevention

It is very important that you protect your artificial joint from potential infection. Some patients have increased risk following total joint surgery because infection can spread from another source in your body to your new joint. From now on, it's important that before any dental work or any other surgery is done, you tell your dentist or surgeon that you have an artificial joint. Always play it safe. If you're uncertain if a certain procedure increases your risk of infection, ask!

Controlling Discomfort

- Until you have no pain, soreness, warmth, or swelling, you should be icing your shoulder or elbow frequently (at least four times) throughout the day.
 - Use ice over any areas of your shoulder or arm that are sore, taking care not to get your incisions wet.
 - Place an ice pack on the joint for 20 minutes and then remove for at least 20 minutes.
 - Crushed ice in a well-sealed bag or bags of frozen peas work well.
- Gradually wean yourself from prescription medication to Tylenol® (Acetaminophen). You may take 2 Extra-Strength Tylenol up to 4 times per day in place of your prescription medication.

Temporary Changes

- Your appetite may be poor for a short time. Drink plenty of fluids to keep from getting dehydrated. It's important that you get enough protein. In the first 2 weeks after surgery, your body needs more protein to help it heal. During this time, we encourage you to eat approximately 100 grams of protein every day, which is about twice as much as the average person consumes in a day. Meats, fish, and peanut butter, as well as protein powders, drinks, and shakes are all good sources of protein. If your appetite for solids is poor, sipping a protein shake throughout the day is a great way to make sure you are getting enough protein. Your grocery store will also sell protein-fortified drinks.
- You may have difficulty sleeping, which is not abnormal! Sleep is commonly disrupted for 3 months following total joint replacement. Talk to your physical therapist if you find this is an issue. Often sleeping reclined in a chair or bed is most comfortable. Don't nap too much, because sleeping during the day will make it even harder to get a full night's sleep.
- Your energy level will be decreased for the first month.
- Pain medication contains narcotics, which promote constipation. Try eating more fruits, such as prunes. If diet doesn't relieve your constipation, you can use stool softeners or laxatives if necessary.

Dressing Yourself

Shirts or Jackets

- **Getting Dressed**
 - Bend forward at the waist letting your surgical arm hang down toward the floor.
 - With your elbow straight, slide the sleeve over your surgical arm and up to your shoulder. **Do not try to help with your surgical arm.**
 - Pull your shirt up over your head, using your non-surgical arm.
 - Slide your non-surgical arm into its sleeve.
 - Return to a standing position.
- **Getting Undressed**
 - Reach to the back of your neck and gather the shirt with your hand of your non-surgical arm. Tilt your chin to your neck and pull the shirt over your head. Pull the non-surgical arm out of the sleeve, then use that arm to slide the shirt off your surgical arm.

Pants, Socks, and Stockings

- Use non-surgical arm only, taking care to avoid pulling or weight bearing with your surgical arm.

Shoes

- Slip-on shoes are easier to put on than lace-up shoes. Elastic shoelaces can replace shoelaces in sneakers to allow the shoes to slip on easily without needing to be tied.

Life After Surgery

Progressing to Independence

Weeks 1-2 Goals

- Independently put on and take off clothing and sling/splint.
- Independently perform indicated shoulder or elbow exercises.
- Control pain with the use of medications and ice packs.
- Shower and dress independently or with the assistance of a family member or friend.

Weeks 2-4 Goals

- Complete your daily home exercise program.
- Begin weaning from the elbow splint for elbow patients (check with your surgeon).

Weeks 4-6 Goals

- Begin weaning from the sling for shoulder patients (check with your surgeon).
- Ease into light activities of daily living using surgical arm, including brushing teeth, dressing, and eating.

Weeks 6-12 Goals

- Continue to progress range of motion and strength for shoulder replacement patients.
- Ease back into activities of daily living, using surgical arm, including light house work using the surgical arm.

Exercise Goals After 12 Weeks

- For shoulder patients, continue to build strength and mobility of the shoulder as advised by your therapist or surgeon.
- For elbow patients, continue to progress motion and function as advised by your therapist or surgeon.
- After 4 months, return to function if cleared by your therapist and surgeon.

What NOT to do for Exercise

- Do not perform any weight bearing or high impact exercises for your shoulder or elbow.
- Ask your surgeon if you have questions about other activities.

Living With Your New Joint

Shoulder and elbow joint replacements can have a tremendous impact on your quality of life. Though there is an adjustment period, you will get about 80% of the benefit in the first 3 months! Keep in mind that it will take a year for your joint to reach its full potential. After your joint replacement surgery, it is important to follow up with your orthopaedic surgeon on a regular basis, usually every 3-5 years even if you don't have any pain or problems. Not all problems are painful. Your surgeon will discuss with you how frequently you should have an appointment.

When to Call for Medical Help

It is important that you know what to watch for as you recover and who to call if needed. When in doubt, call your surgeon's office.

Call Your Surgeon if Any of the Following Occur:

- Fever of 101° F that doesn't get better after taking medicine
- Pain that gets worse or that you can't control with prescribed pain medicine
- Separation of the edges of the incision or unusual bleeding
- Redness, swelling, heat, or drainage around the incision
- Blood, pus, or a foul odor coming from the incision
- Numbness, tingling, or weakness in your arms or legs – or where you don't expect it
- Persistent headache, blurred vision, dizziness, light-headedness, or fainting
- Skin rash
- No bowel movement within 7 days after surgery
- Nausea when eating and drinking

Call Your Primary Care Physician if You Have:

- Concerns about your regular medicines
- Symptoms of a urinary tract infection (burning, frequency, urgency)
- Trouble controlling your blood sugar (if you have diabetes)

Go to the Emergency Room or Call 911 for:

- Difficulty breathing
- Shortness of breath
- Chest pain
- Signs of a blood clot
- Black or bloody stool
- Bloody vomit

Physical Therapy

Maximizing recovery after shoulder or elbow surgery requires several things: protection of your healing tissue, a gradual return of range of motion and strength, resolution of swelling, and restoration of functional abilities.

You make the difference! Participating in your physical therapy program with commitment, consistency, and enthusiasm is essential to the success of your surgery and key to optimizing your recovery.

You'll be familiar with your exercises from practicing them before surgery. And, you should resume doing them immediately after surgery or as soon as you feel able, and continue them at home, unless you have been otherwise directed by your surgeon.

Then, you will build on the exercises you have been doing on your own when you begin going to physical therapy sessions at your first outpatient appointment 3-5 days after surgery.

The physical therapists at the outpatient clinic will tailor the rehabilitation program for you and your specific surgery. Any restrictions will be reviewed with you. You will attend therapy until you have returned to all activities you would like to participate in, with approval from your surgeon.

It is normal to experience discomfort when doing your exercises and you may need to take pain medication prior to doing them. It is important that you perform your assigned exercises exactly as instructed by your physical therapist and with the appropriate number of repetitions. Do not add or subtract any exercises!

You may feel some discomfort while performing some of the exercises, but as you perform the exercises your pain should lessen. If you are not sure you are performing the exercises properly, or if you are experiencing increased pain during or immediately after you do them, stop the exercises until you consult with your physical/occupational therapist or athletic trainer.

You should complete the following exercises before your surgery, as well as between your surgery and your first physical therapy appointment, to prevent excessive stiffness and improve mobility of your arm.

Perform the exercises indicated below 3-5 times every day for 10-20 repetitions.

YOUR SHOULDER REPLACEMENT EXERCISES

1. Wrist Flexion/Extension

- While in your sling, slowly bend your wrist back and forth as far as you are able.
- Use your other hand to assist and apply a gentle stretch. Hold for 5 seconds at each position.



2. Ball/Towel Squeeze

- Squeeze a ball or rolled up towel and hold for 3 seconds.



3. Elbow Flexion/Extension

- Carefully take arm out of sling, keeping arm at your side. With the help of your non-surgical hand, gently bend and straighten your elbow through a comfortable range. Hold for 5 seconds at each position.

(Remember: You may not take your sling off for 24 hours after surgery. Do not perform this exercise until then.)



4. Standing Arm Hang Passive Flexion

- Slowly bend forward at the waist to allow your arm to hang towards the floor for 10 seconds. (This is also the position that should be used to put on a shirt as well as wash your underarm or apply deodorant.)



YOUR ELBOW REPLACEMENT EXERCISE

Tendon Gliding Exercise for Hand

- Keep arm in immobilizer at ALL times until first post-surgical visit.
- Start with fingers straight, hold for 5 seconds.
- Make a hook fist bending first two joints of hand and keeping large knuckle straight, hold for 5 seconds then return to straight hand.
- Make a full fist bending all three joint of the hand, hold for 5 seconds then return to straight hand.
- Repeat.

